

Name
In
Full

CERTIFICATE OF DEATH

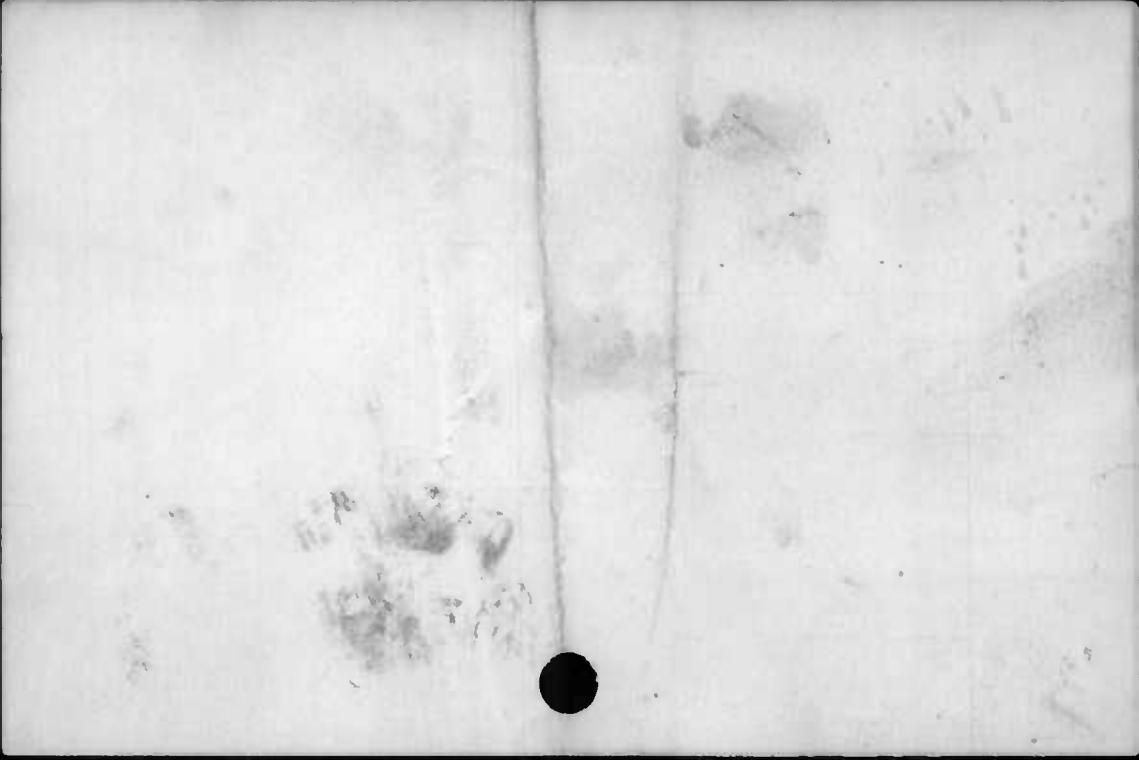
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>William T. Blaney</i>		Town <i>The Rocks</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>The Rocks</i>		Month <i>Nov</i>		Day <i>7</i>		Years <i>58</i>	
Date of death <i>1906</i>		Months <i>1</i>		Days <i>1</i>		Age <i>58</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>The Rocks Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>The Rocks</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary T. Blaney</i>					
Father's Name <i>Wm. Blaney</i>		Father's Birthplace <i>The Rocks</i>					
Mother's Maiden Name <i>Julia A. Stret</i>		Mother's Birthplace <i>The Rocks</i>					
Name of person giving information <i>Mary T. Blaney</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>93</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. Famous</i>
	Address <i>Shut Pt. Ind.</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

Died at

Bagley

Town

County

Harford

MARYLAND

Date

of death 1906

Month

Nov

Day

10

Years

Age 3 Months

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Fallston

Occupation

Where Residing If not
at place of death~~Married~~ Single
or ~~Widowed~~Name of Wife or
Husband

X

Father's
Name

Edmond Bond

Father's
Birthplace

Harford Co Md

Mother's
Maiden Name

Oleva Brown

Mother's
Birthplace

Harford Co Md

Name of person giving
Information

Charles Bagley M.D.

How related
to deceased

X

CAUSES OF DEATH

Primary

Whooping Cough

How long

2 weeks

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Charles Bagley M.D.

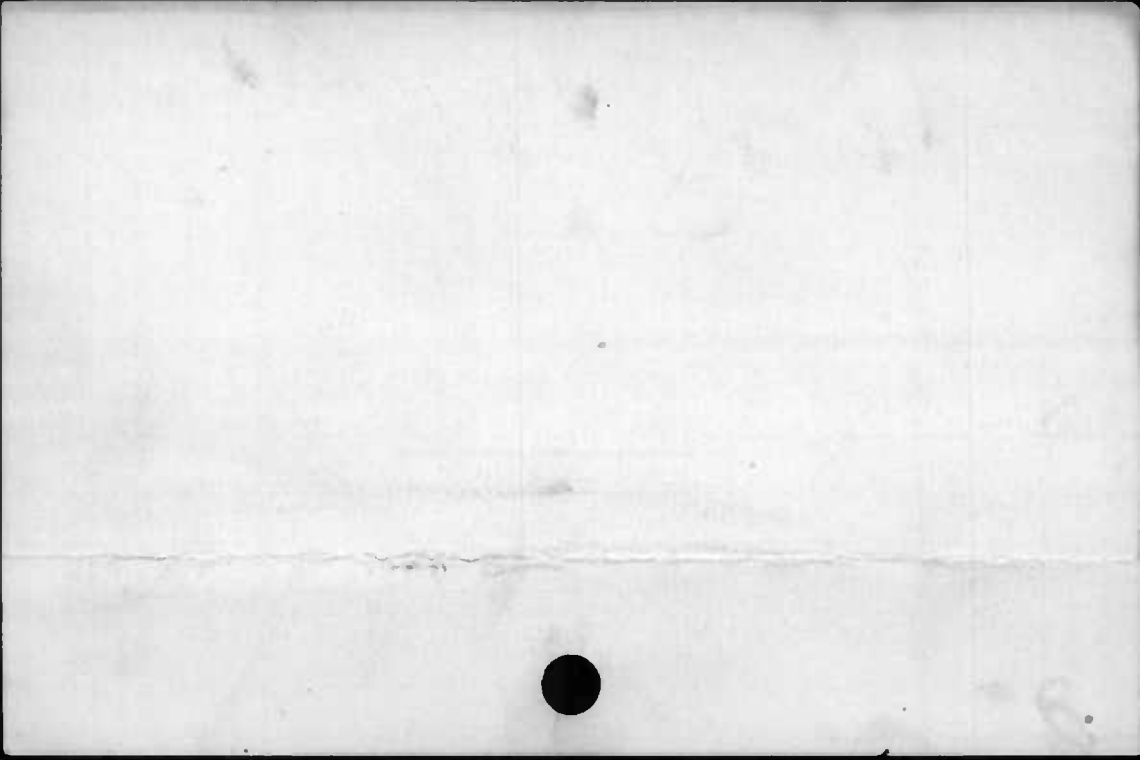
Address

Bagley Md.

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Davis

CERTIFICATE OF DEATH

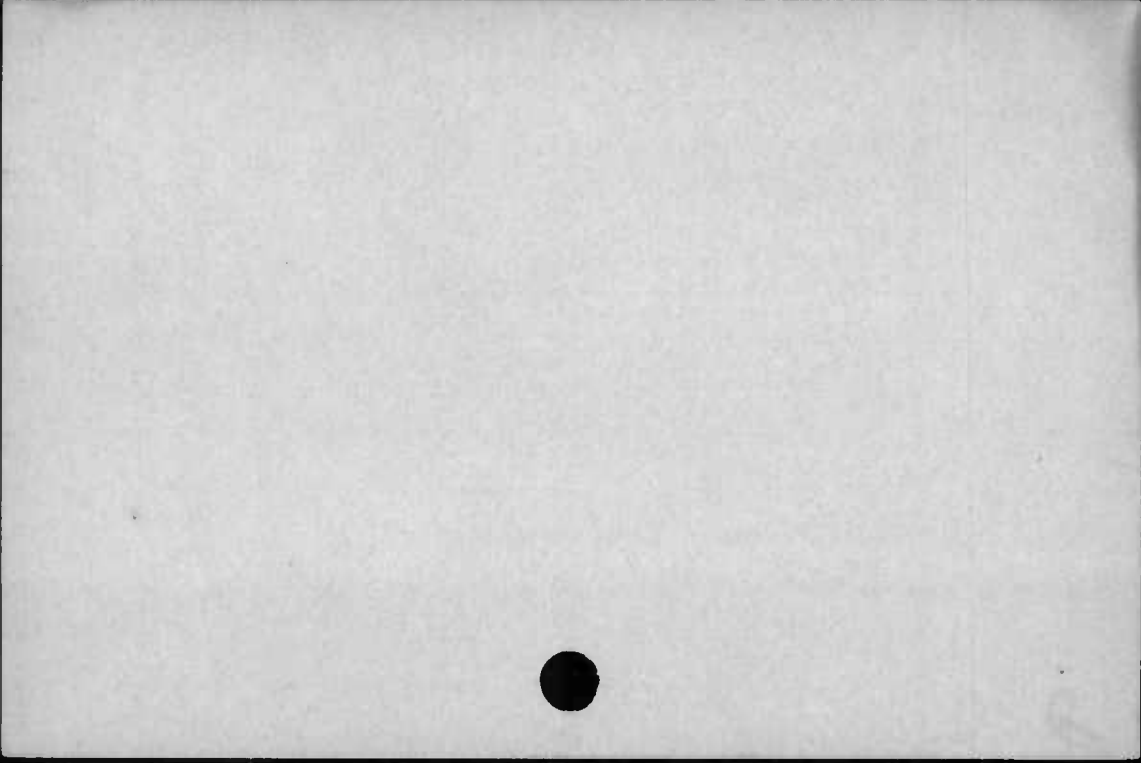
TO BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> <i>near Care a Mr. Harford</i>		Town		County		MARYLAND	
Date of death	1906	Month	Nov	Day	11	Age	Years
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		York Co. Pa.	
Married, Single or Widowed		Married		Name of Wife or Husband		Sechrest	
Father's Name		John Davis		Father's Birthplace		Maryland	
Mother's Maiden Name		Brown		Mother's Birthplace		Penn.	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fall down stairs	How long	160
Immediate	Fall down stairs	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Willie Hawkins, M.D.
		Address	Fawn Group Pa.
Accident or Suicide?	Accident		



Name in Full <i>Sara E. Day</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Emmorton</i> <small>Town</small>		<i>Harford</i> <small>County</small>
	Date of death <i>1906</i> <small>Month</small> <i>Nov.</i> <small>Day</small> <i>8</i>		<i>84</i> <small>Years</small>
	Sex <i>female</i>		Color or Race <i>white</i>
	Occupation		Birthplace <i>Maryland</i>
	Where Residing if not at place of death <i>Emmorton</i>		
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Luther L. Day</i>	
	Father's Name <i>John D. Clayton</i>	Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>De Mains</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>J. H. Everett</i>	How related to deceased <i>son</i>		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>			
PHYSICIAN OR CORONER	Primary	<i>Senile debility</i>	
	Immediate	—	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	
	Signature of Physician	<i>Edw. H. Pickens</i>	
	Address	<i>Bel Air, Md.</i>	
Accident or Suicide?	—		

Mountain

Name
in
Full

Etta V. Eyer

CERTIFICATE OF DEATH

MARYLAND

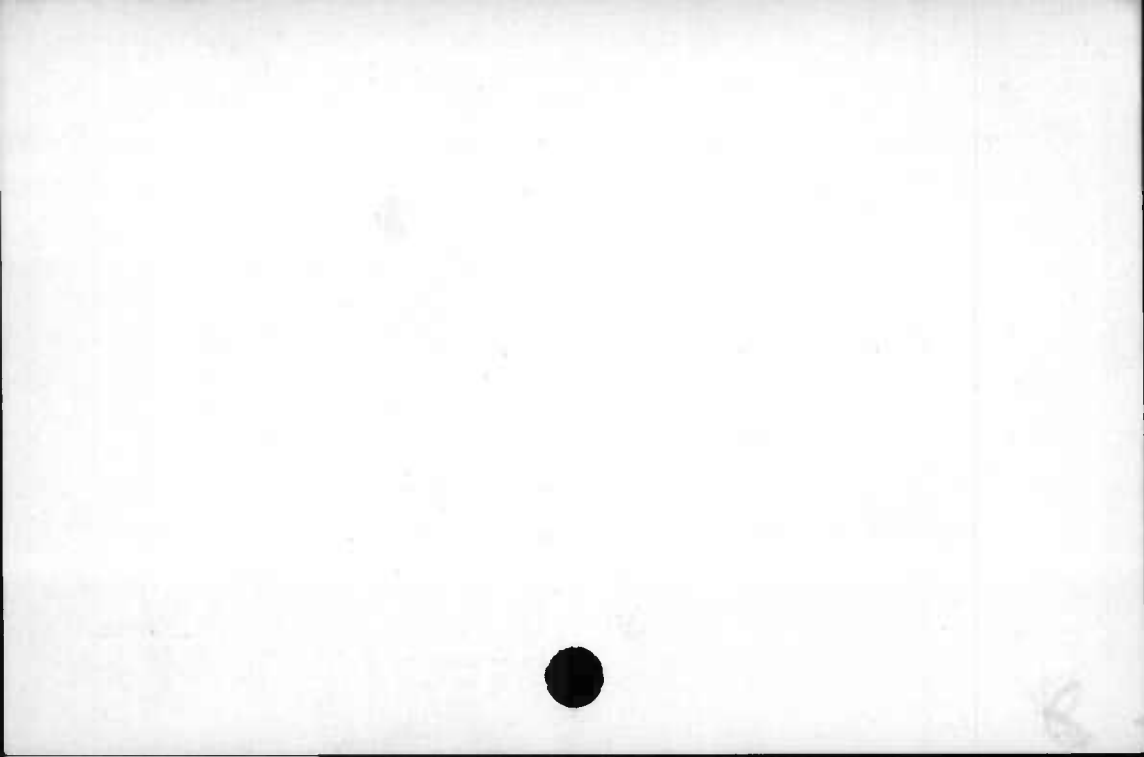
Died *New Abundance* Town *Harford* CountyDate of death *1906* Month *Nov* Day *6* Age *2* Years Months *10* Days *6*Sex *Female* Color or Race *White* Birth-place *Balto.*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *Katie Manning* Mother's Birthplace *Virginia*Name of person giving information *Joseph Eyer* How related to deceased *adoptive Father*

CAUSES OF DEATH

Primary *Bronchial Croup* How long *six days -*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *—*Address *—*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

June -
Nov 8

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Harriet Hill</i>		County <i>Harford</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>11</i>	Day <i>11</i>	Age <i>95</i>	Months <i>8</i> Days <i>26</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
	Occupation		Where Residing if not at place of death <i>Creswell Harford Co</i>			
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James Gilbert</i>				
	Father's Name <i>Amos Gilbert</i>	Father's Birthplace <i>Ind.</i>				
	Mother's Maiden Name <i>Sarah Bailey</i>	Mother's Birthplace				
Name of person giving information <i>Mollie Gilbert</i>		How related to deceased <i>Daughter</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Calcular disease heart</i>		How long <i>2 yrs</i>			
	Immediate <i>Stroke</i>		How long <i>10 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. P. Smith</i>			
			Address <i>Harriet Hill Ind</i>			
	Accident or Suicide?					



Name
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CERTIFICATE OF DEATH

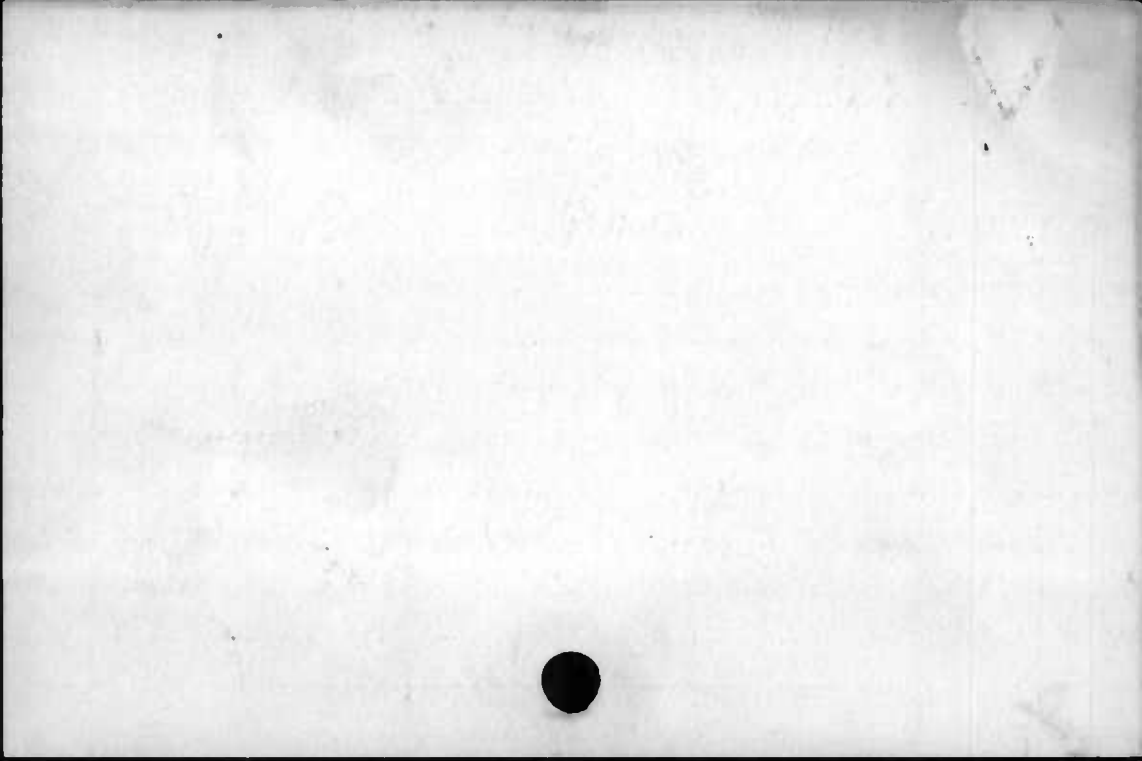
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Gurner</i>		Town <i>Madonna</i>		County <i>Harford</i>		MARYLAND							
Died at		Month <i>11</i>		Day <i>30</i>		Age <i>74</i>		Years <i>7</i>		Months <i>0</i>		Days <i>0</i>	
Date of death 1906		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Madonna</i>							
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>											
Name of Wife or Husband <i>Mollie Whiteface</i>													
Father's Name <i>Eli Gurner</i>		Father's Birthplace											
Mother's Maiden Name <i>Nellie Beale</i>		Mother's Birthplace											
Name of person giving information		How related to deceased											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	(64)	How long <i>24 hrs</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Y. Gurner</i>	Address <i>White Hall Md.</i>
Accident or Suicide?		



Name
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George W Hamilton

CERTIFICATE OF DEATH

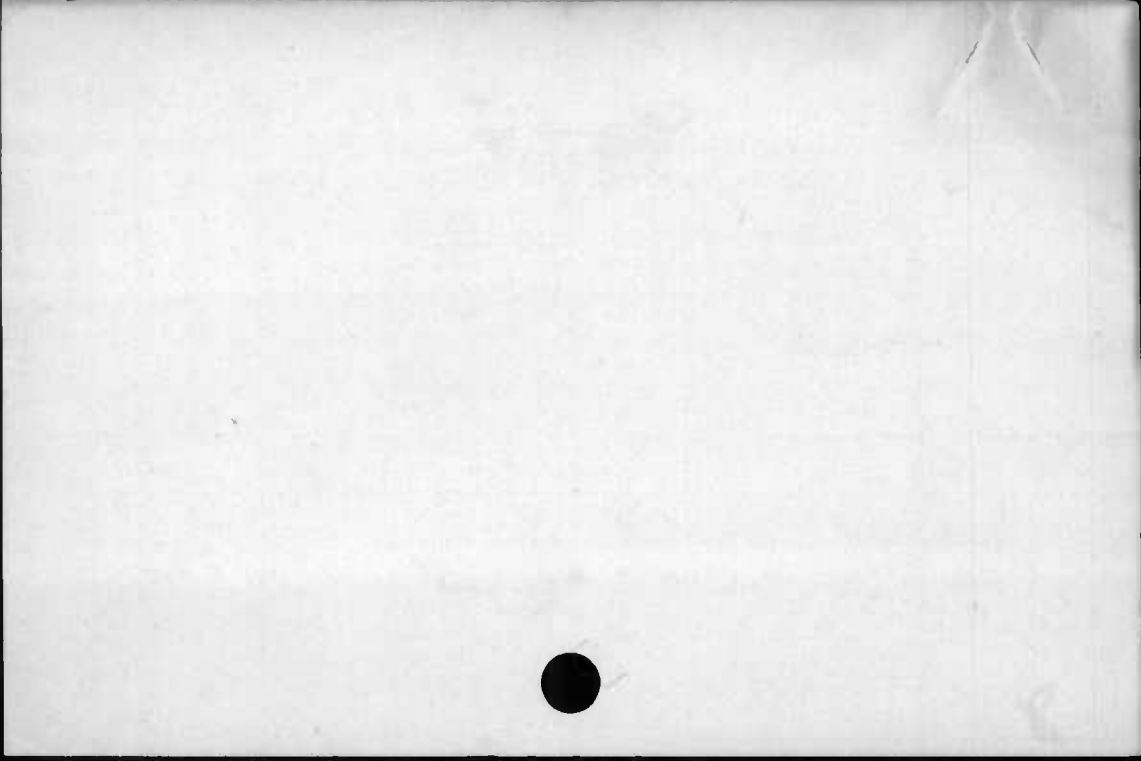
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Garland		County Harford		MARYLAND	
Date of death	1906	Month Nov	Day 24	Age 2	Years	Months 7	Days
Sex	Male		Color or Race	White		Birth- place	Med
Occupation				Where Residing if not at place of death			
				Same			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wm Hamilton				Father's Birthplace	
Mother's Maiden Name		Hattie Thompson				Mother's Birthplace	
Name of person giving In formation		Wm Hamilton				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic catarrhal enteritis		How long	2 or 3 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. L. Hopkins
			Address	Harre W. Grace
				Med
Accident or Suicide?				



Name
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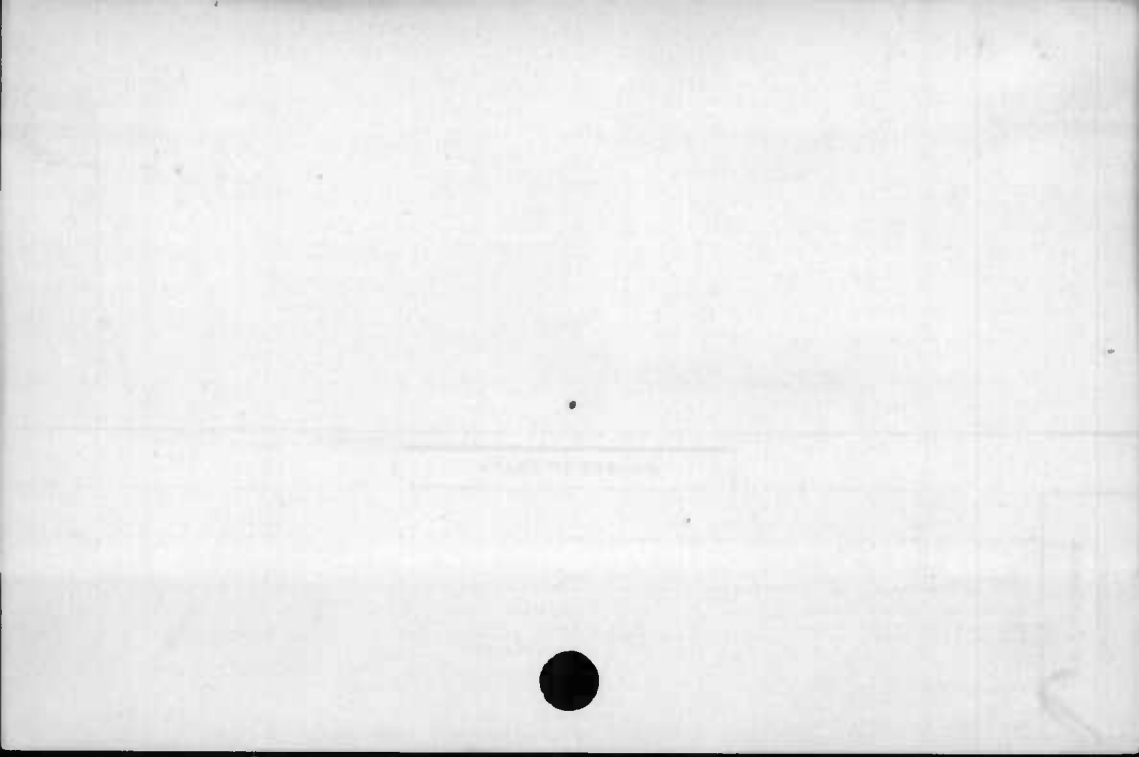
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		11	24	2	4	7	20
Sex	male	Color or Race	white	Birth-place	Maryland		
Occupation	Child			Where Residing if not at place of death			
Married, Single or Widowed	single			Name of Wife or Husband			
Father's Name	William A. Hamilton				Father's Birthplace	Maryland	
Mother's Maiden Name	Hattie M. Thompson				Mother's Birthplace	Maryland	
Name of person giving information	Wm Hamilton				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	boiled	How long	2 weeks
Immediate	Pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. B. Kirk M.D.
		Address	Earlington, Maryland.
Accident or Suicide?			



Name

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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Free Creek</i>		County <i>Garford</i>		MARYLAND	
Date of death	1906	Month 11	Day 23	Age 73	Years	Months	Days
Sex	Male		Color - Race	Black		Birth-place	<i>Ind.</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Mary Hines</i>			
Father's Name	<i>David Hines</i>					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>"J. B. Elly J. P."</i>					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	<i>Supposed 70 year old</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>		
	Address <i>Acting Coroner</i>		
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
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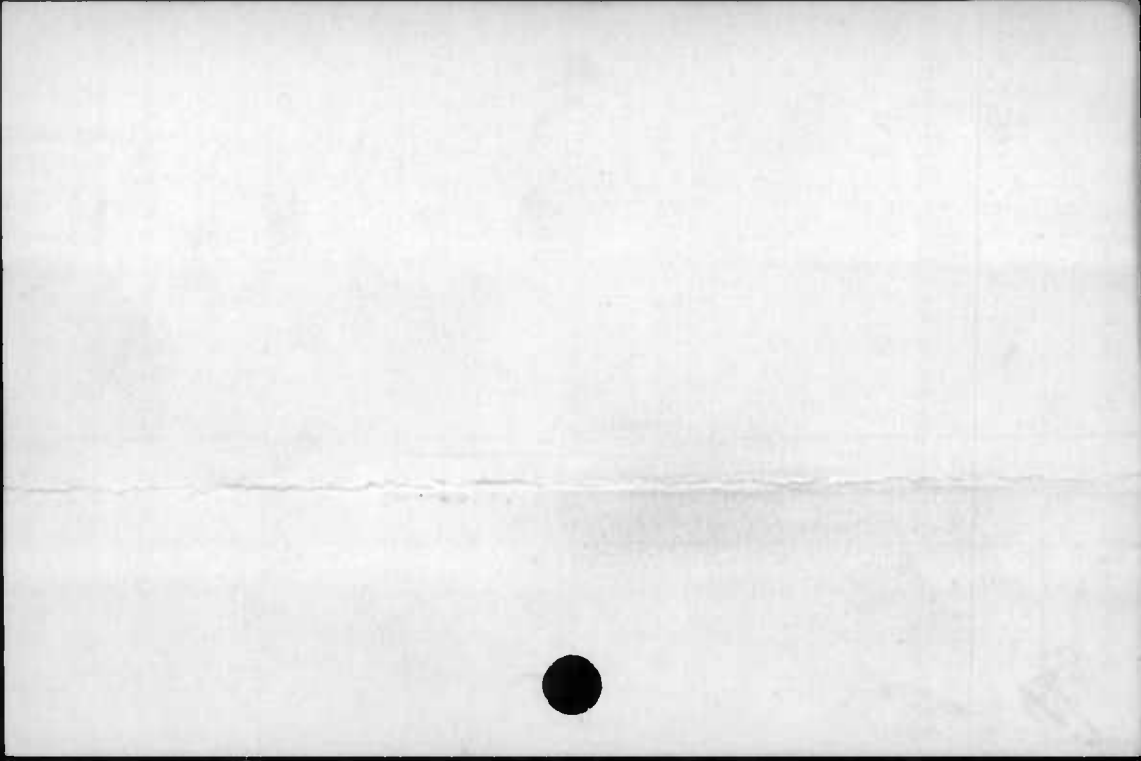
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo. W. Lutz</i>		Town <i>Benson</i>		County <i>Harford Co.</i>		MARYLAND	
Died at <i>Benson</i>		Month <i>Nov.</i>		Day <i>21st</i>		Years <i>36</i>	
Date of death <i>1904</i>		Month <i>Nov.</i>		Day <i>21st</i>		Age <i>36</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Balto City</i>			
Occupation <i>Laborer</i>		Where Residing if not et place of death <i>Benson</i>					
Married Single or Widowed		Name of Wife or Husband					
Father's Name <i>Otto Lutz</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Sarah J. Halffpenny</i>		Mother's Birthplace <i>Balto City</i>					
Name of person giving In formation <i>Otto Lutz</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Charles Bagley</i>
	Address <i>Bagley, Md.</i>
Accident or Suicide?	



Name
in
Full

Martha Rutena Lyov

CERTIFICATE OF DEATH

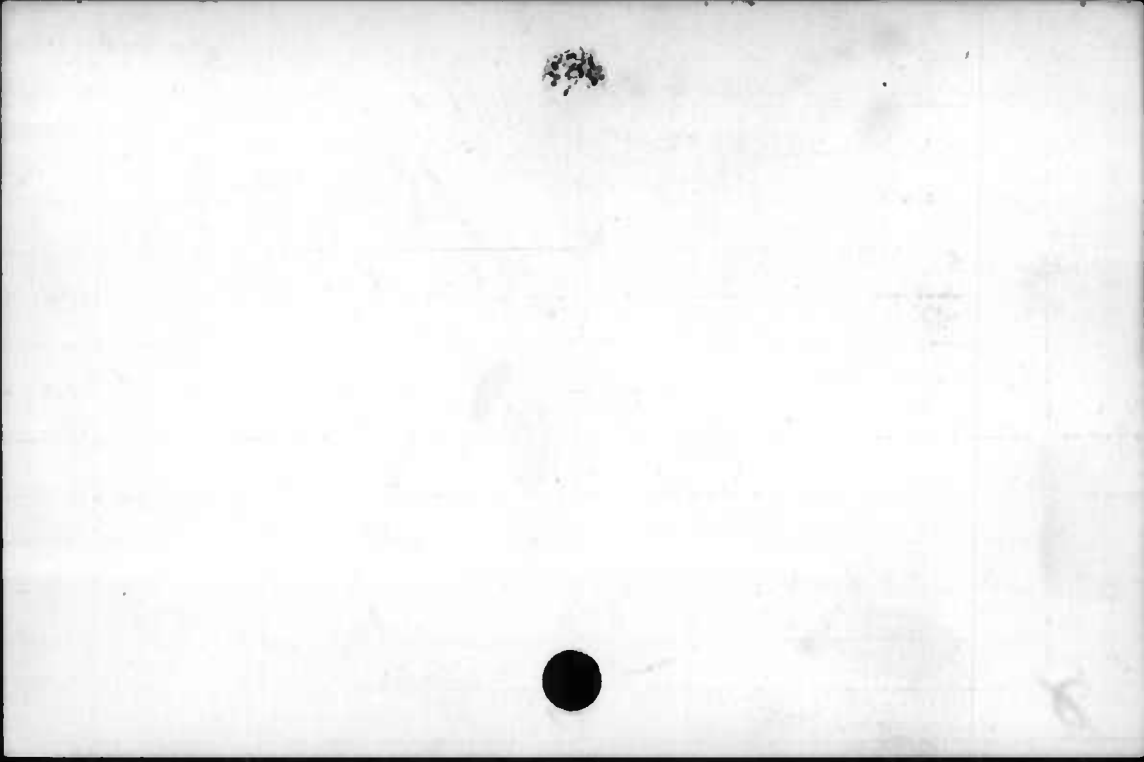
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pylesville		County Harford		MARYLAND	
Date of death		1906	Month Nov	Day 18	Age 81	Years	Months -
Sex female		Color or Race white		Birth-place Baltimore			
Occupation wife		Where Residing if not at place of death Pylesville					
Name of Single or Widowed Widowed		Name of Wife or Husband Jacob Miller					
Father's Name Jacob Miller		Father's Birthplace Lancaster					
Mother's Maiden Name Mary Susan Miller		Mother's Birthplace Lancaster					
Name of person giving Information Mrs Myer		How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enlargement of Heart	How long	2 y
Immediate	Heart Failure	How long	2 days.
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. Warren Ramsey	
		Address Delta Fork Co Pa	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

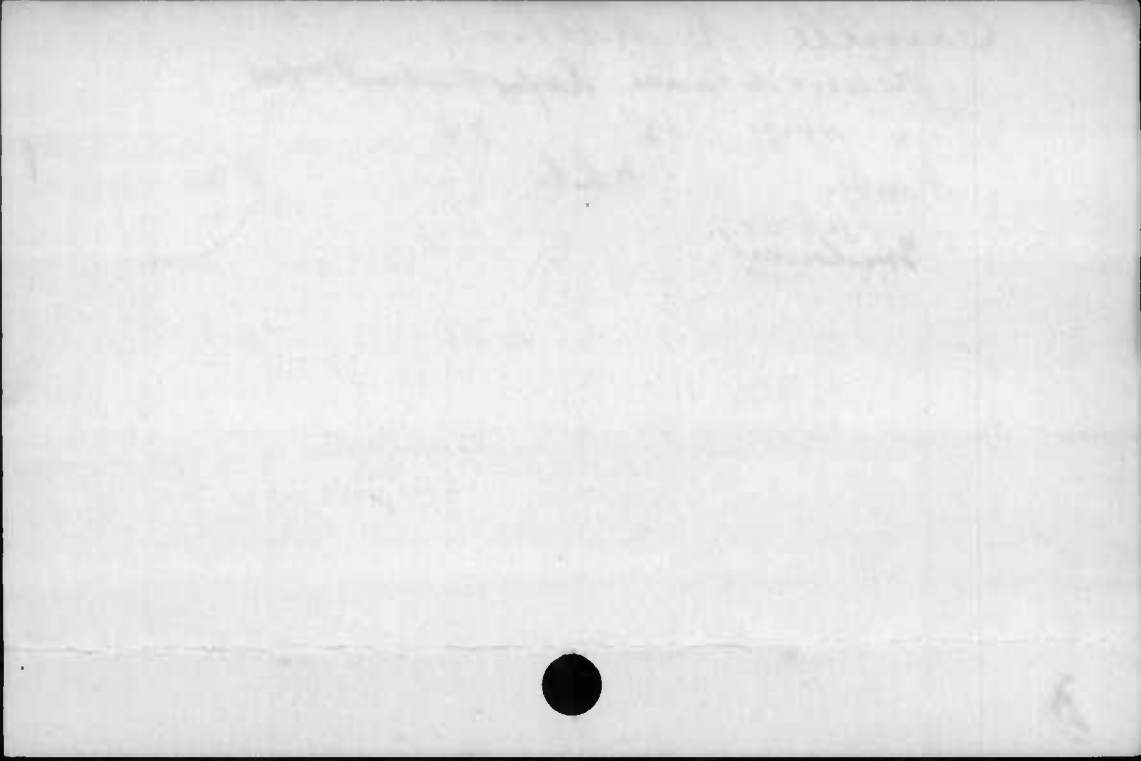
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fallston</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND		
Date of death	<i>1906</i> ^{Year}	<i>Nov</i> ^{Month}	<i>21</i> ^{Day}	<i>85</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa.</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death			<i>Fallston</i>
Married, Single or Widowed	Name of Wife or Husband		<i>John McVey</i>			
Father's Name	<i>William Montooth</i>			Father's Birthplace	<i>Pa.</i>	
Mother's Maiden Name	<i>Not-Known</i>			Mother's Birthplace	<i>Pa.</i>	
Name of person giving information	<i>Sallie McVey</i>			How related to deceased	<i>Daughter in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>2 to 3 days</i>
Immediate	<i>General Debility</i>	How long	<i>2 to 3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. L. Walter Underlaker</i>
		Address	<i>Pleasantville Md.</i>
Accident or Suicide?	<i>(No Dr in attendance)</i>		



Name

in
Full

CERTIFICATE OF DEATH

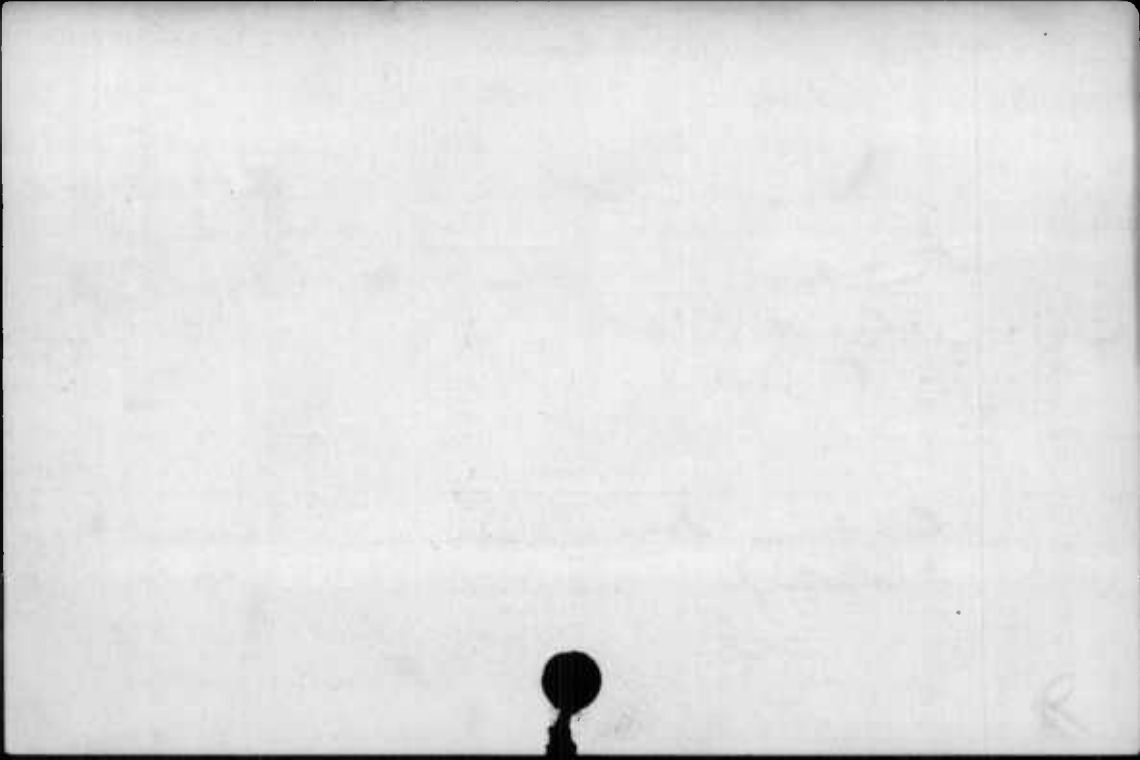
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Barville H Maslin</i>		Town <i>Havre de Grace</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Havre de Grace</i>		Month <i>Nov.</i>		Day <i>18</i>		Years <i>74</i>	
Date of death <i>1906</i>		Month <i>Nov.</i>		Day <i>18</i>		Age <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick, Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Havre de Grace, Md.</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Alice Maslin</i>					
Father's Name <i>Joseph Maslin</i>		Father's Birthplace <i>Kent Co. Md.</i>					
Mother's Maiden Name <i>J. W. Maslin</i>		Mother's Birthplace <i>Sow</i>					
Name of person giving information <i>J. W. Maslin</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>About 1 yr</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>
	Address <i>Havre de Grace, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Martha M. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Toppa</i> <small>Town</small>		<i>Harford</i> <small>County</small>			
Date of death <i>1906</i>	<i>Nov.</i> <small>Month</small>	<i>22</i> <small>Day</small>	<i>68</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Talbot Co Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Where died</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mar. M. H. Miller</i>				
Father's Name <i>Chas A Rigby</i>	Father's Birthplace <i>Talbot Co Md</i>				
Mother's Maiden Name <i>Elizabeth A Rigby</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Daughter</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Disease</i>	How long <i>Several years</i>
Immediate <i>Exhaustion from attack of Bronchitis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N. H. S Keyser</i>
	Address <i>Franklinville Md</i>
Accident or Suicide? <i>No.</i>	

18.21

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Infant Miller
Died at *Horriatville* Town *Harford* County
Date of death 1906 Month *NOV.* Day *10* Age *no* Years Months *no* Days *5*
Sex *Female* Color or Race *White* Birth-place *Horriatville*
Occupation *none* Where Residing if not at place of death *Horriatville*
Married, Single or Widowed *Single* Name of Wife or Husband *none*
Father's Name *Clarkner Miller* Father's Birthplace
Mother's Maiden Name Mother's Birthplace
Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Congenital Stenosis*

How long

Immediate *Syncope*

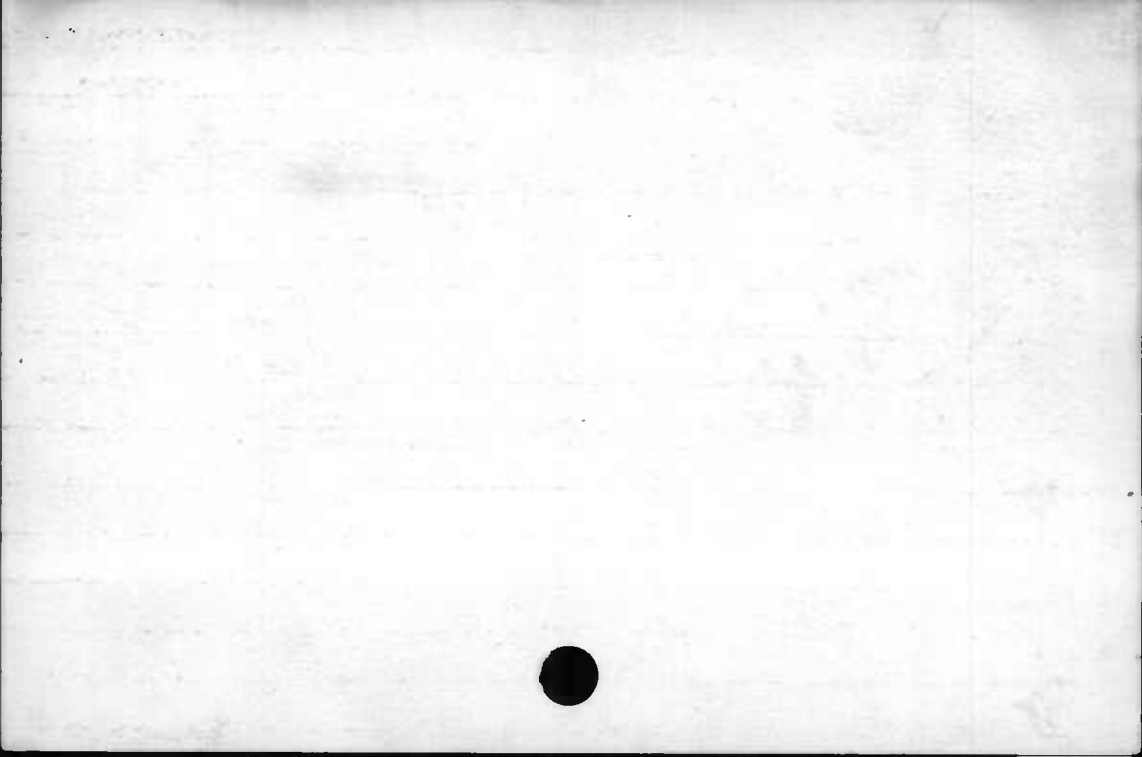
How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov.	4	55			
Sex	Male		Color or Race	White		Birth-place	Balto.
Occupation	Labor			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary E. Heidler			
Father's Name	Philip Muskinon				Father's Birthplace		
				Balto.			
Mother's Maiden Name	Maria Burlington				Mother's Birthplace		
				-			
Name of person giving information	Mary E. Muskinon				How related to deceased		
				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	93	Attended him	2 days
Immediate	Heart failure	How long	24 hrs		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		R W Muskinon			
		Address			
		Home de Grace Md			
Accident or Suicide?					

Oct 19
A. L. Lyon

Name
in
Full

Laura Mitchell

CERTIFICATE OF DEATH

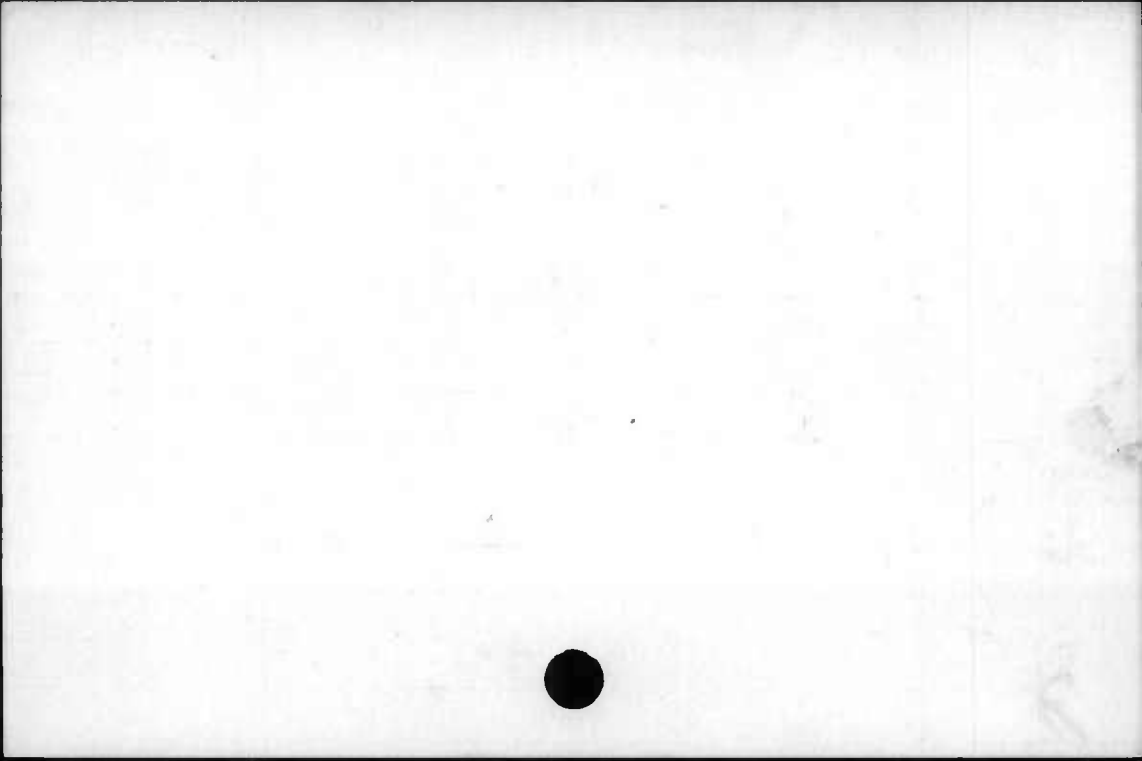
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u> ^{Town}		<u>Newford</u> ^{County}		MARYLAND	
Date <u>Nov 14</u> ^{Month}	<u>Nov</u> ^{Month}	Day <u>14</u>	Years <u>Age advanced age</u>	Months <u>not known</u>	Days <u>not known</u>
of death <u>1906</u>		Age <u>advances age</u>		Dates <u>not known</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>			
Occupation <u></u>		Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Alexander Mitchell</u>		Father's Birthplace <u>Yorktown Va.</u>			
Mother's Maiden Name <u>Elizabeth Torrance</u>		Mother's Birthplace <u>Baltimore, Md</u>			
Name of person giving information <u>Wm. H. Sanford</u>		How related to deceased <u>nephew</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>ten days</u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>William J. Archer</u>
<u>over 85 years of age</u>	Address <u>Bel Air Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

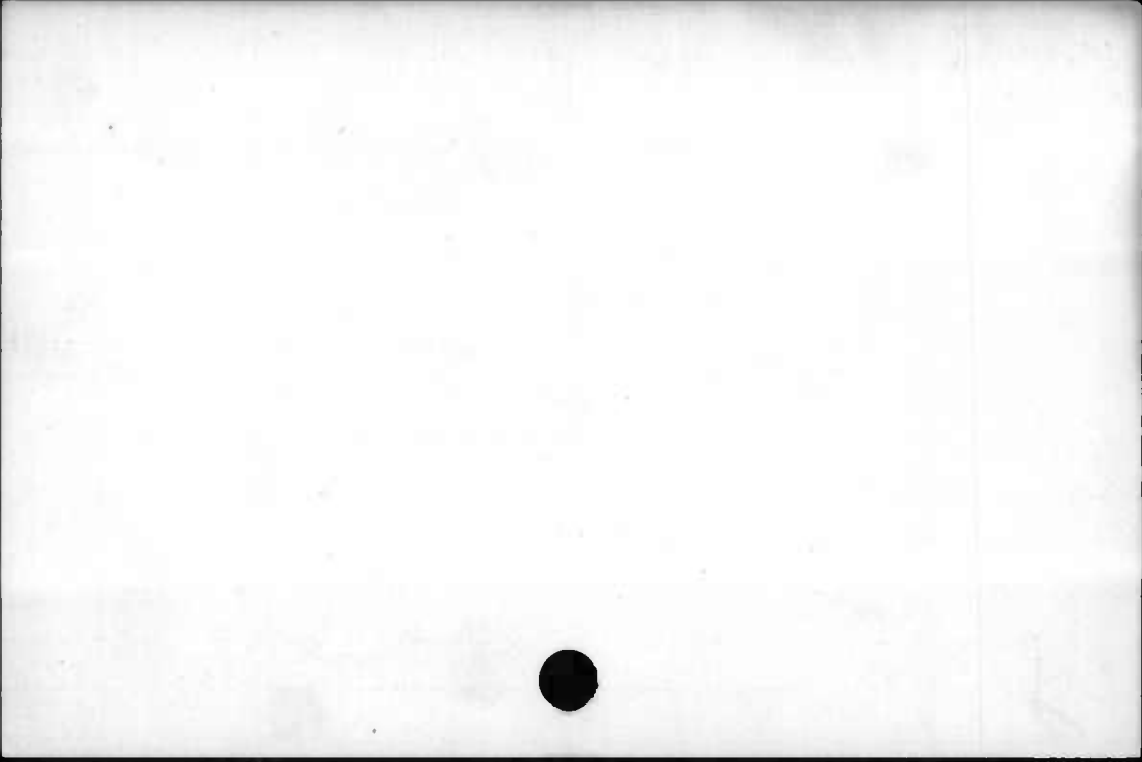
Asenath Ann Reed

Died at		Town <i>Delta</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		<i>Nov</i>	<i>28</i>	<i>83</i>	<i>83</i>		
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Crofton</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Josephus Reed</i>					
Father's Name <i>John Denbow</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Elizabeth Streett</i>				Mother's Birthplace <i>Harford Co</i>			
Name of person giving information <i>Andrew Reed</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>6m</i>
Immediate	<i>Indigestion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. C. Arthur</i>	
		Address <i>Cardiff Md</i>	
Accident or Suicide?			



Name in Full

Noble Rust

Town

Perryman

County

Harford

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

11

11

Age

23

Harford

Laborer

Male

~~Female~~~~Married~~~~Widow~~~~Divorced~~

Colored

Single

~~Widow~~

Number of children living

~~Widow~~ of

Father's Name

Isaac Rust

Mother's

Maiden Name

Mileah Gibson

Cause of

Primary

Rail Road

166

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. L. Storm

Address

Michaelsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

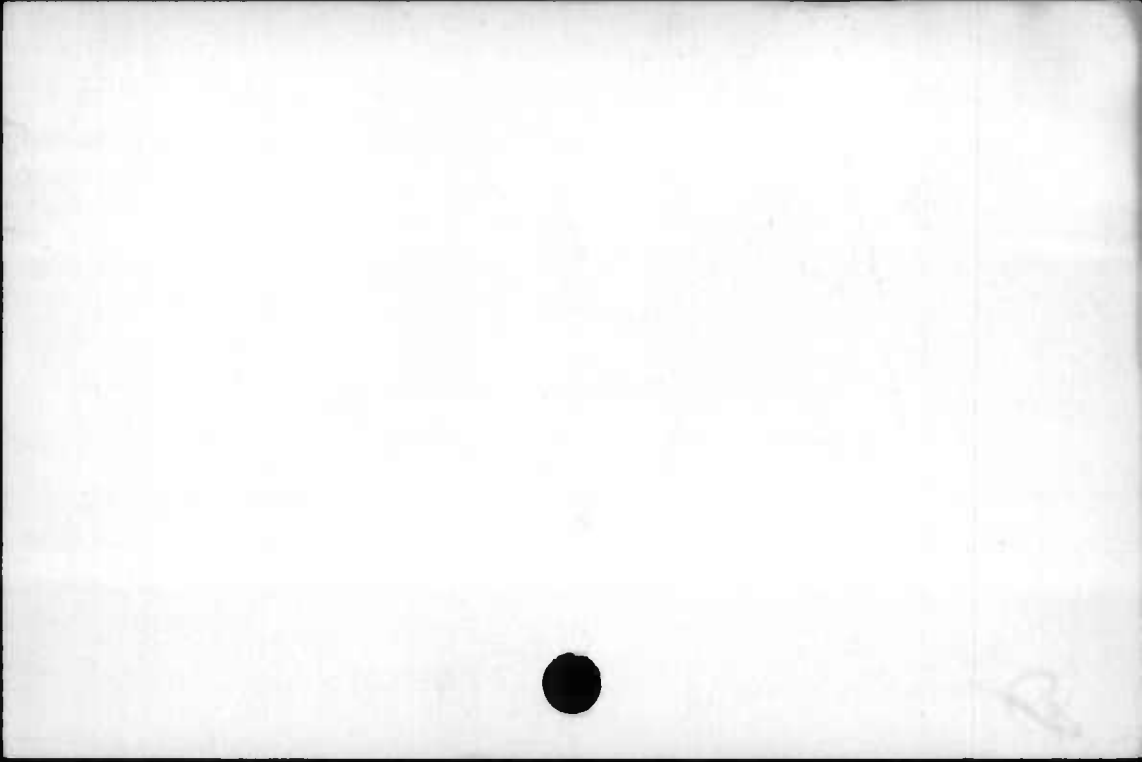
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jane R. Rice</i>			Town <i>Rocks</i>		County <i>Harford</i>		State <i>MARYLAND</i>						
Died at		Date of death		Month		Day		Year		Months		Days	
		<i>1906</i>		<i>Nov</i>		<i>25</i>		<i>51</i>		<i>8</i>		<i>7</i>	
Sex		Color or Race		Birth-place		Occupation		Where Residing if not at place of death					
<i>Female</i>		<i>Negro</i>		<i>Maryland</i>		<i>Housewife</i>							
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace		Mother's Maiden Name		Mother's Birthplace		How related to deceased	
<i>Married</i>		<i>Moses Rice</i>		<i>Benjamin Willis</i>		<i>Maryland</i>		<i>Jane Willis</i>		<i>"</i>		<i>Son</i>	
Name of person giving information													
<i>Preston Rice</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Acute Nephritis</i>		<i>2 weeks</i>	
Immediate		How long	
<i>Uremia</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. F. Bradley</i>	
		Address	
		<i>Garrettsville Ind</i>	
Accident or Suicide?			
<i>J</i>			



Name
in
Full

Frederick Schull

11/2/19

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fullston</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month	11	Day	9
Sex	Male	Color or Race	White	Age	Unknown
Occupation	Store laborer		Birth place	Unknown	
Where Residing if not at place of death					
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown		
Father's Name	Dont Know			Father's Birthplace	
Mother's Maiden Name	Dont Know			Mother's Birthplace	
Name of person giving information	Purnell S. Sappington			How related to deceased	Son

CAUSES OF DEATH

(119)

PHYSICIAN
OR CORONER

Primary	Said to have had asthma	How long	
Immediate	Natural Causes.	How long	Not witnessed
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Purnell S. Sappington</i>	
		Address <i>Bel Air</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Amanda L Shears

Died at *Spesutee Farm* ^{Town} *Harford* ^{County}

MARYLAND

Date of death *190* ^{Month} *Nov* ^{Day} *15* ^{Year} *78* ^{Months} ^{Days}

Sex *Female* Color or Race *white* Birthplace *Harford co*

Occupation *Spesutee* Where Residing if not at place of death *Spesutee*

~~Married, Single or Widowed~~ Name of Wife or Husband *Benjamin Shears*

Father's Name *Geo Moor* Father's Birthplace *Harford co*

Mother's Maiden Name *Sarah Roads* Mother's Birthplace *Harford co*

Name of person giving information *Mrs Geo Shears* How related to deceased

CAUSES OF DEATH

Primary *Eng. Obvity* *154* How long *3 weeks*

Immediate *Heart Failure*

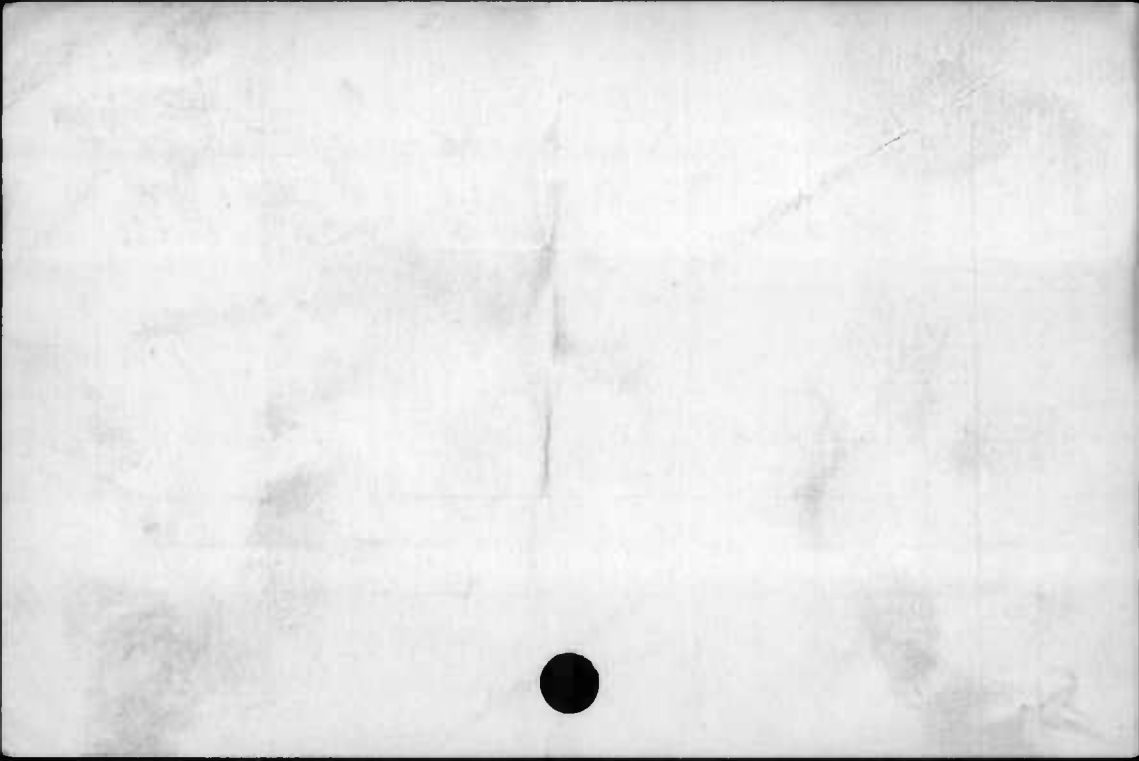
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Davis*
Address *154*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John Taylor* Town *Carra* County *Harford*

Died at *Carra*

Date of death *1906* Month *Nov.* Day *10* Age *83* Years Months *2* Days *24*

Sex *Male* Color or Race *White* Birthplace *Carra, Md.*

Occupation *Farmer* Where Residing if not at place of death *At home*

Married, Single or Widowed *Widower* Name of Wife or Husband *Catherin D. Rose Taylor*

Father's Name *Corbin Taylor* Father's Birthplace

Mother's Maiden Name *Catherin Rose* Mother's Birthplace *York Co., Pa.*

Name of person giving information *Mary Taylor* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Pneumonia* (93) How long *13 hrs.*

Immediate *Heart failure* How long

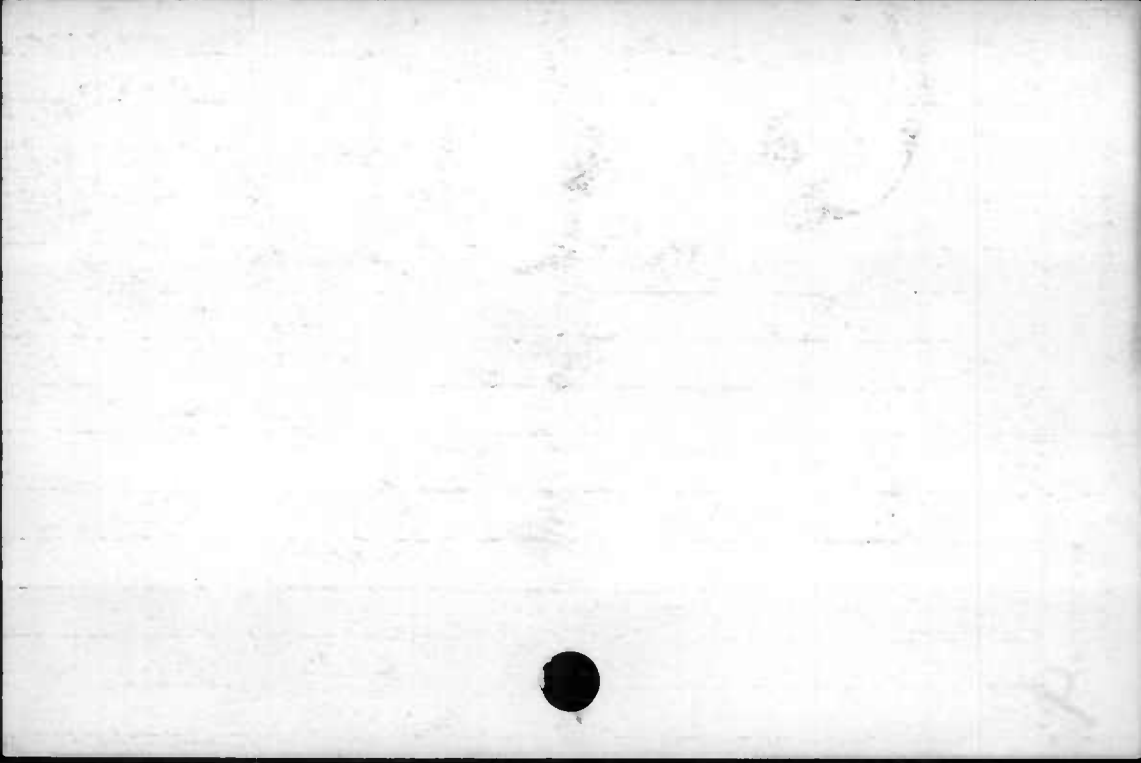
Are the name, age, sex, color, date and place correctly given above *Yes.*

Signature of Physician

Address

Alban Dummick
Stewartstown, Pa.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

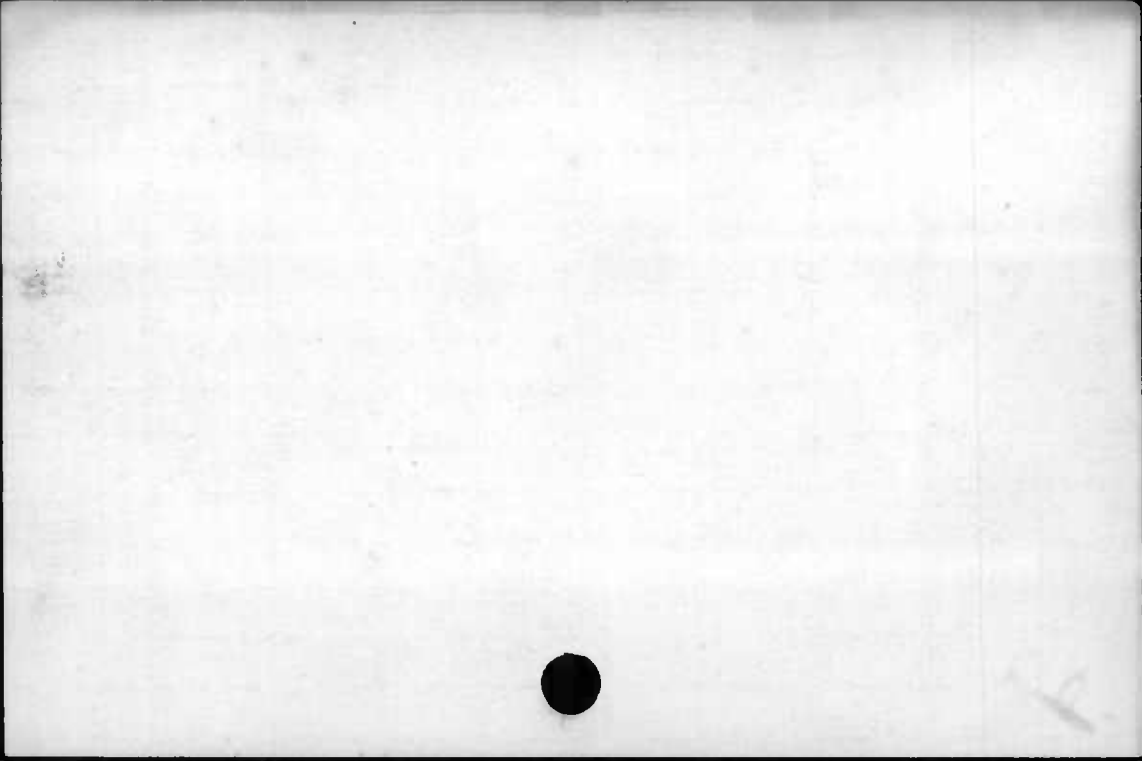
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madonna</i>		Town <i>Harford</i>		County		MARYLAND									
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>30</i>		Age <i>74</i>		Years		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Madonna</i>		Occupation <i>Farmers</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mollie Whiteforce</i>		Father's Name <i>Edw Turner</i>		Father's Birthplace <i>Madonna</i>		Mother's Maiden Name <i>Mollie Neale</i>		Mother's Birthplace <i>W</i>		Name of person giving information <i>Samuel Turner</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>24 hours</i>	
Immediate <i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H T Turner</i>	
		Address <i>White Hall</i>	
Accident or Suicide?		<i>Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

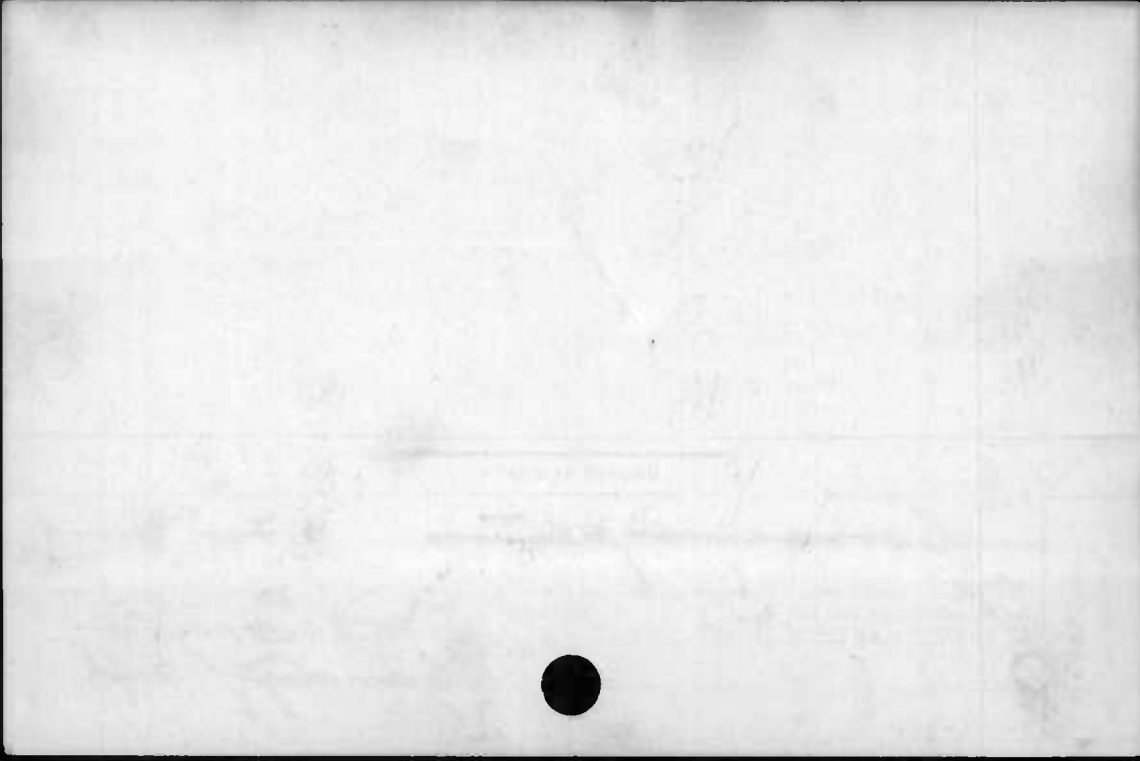
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		11 th	31			2	5
Sex	male	Color or Race	white	Birth-place	Md		
Occupation	Child			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
single		—					
Father's Name	Geo White					Father's Birthplace	Pa
Mother's Maiden Name	Margaret Russell					Mother's Birthplace	Md
Name of person giving information	Geo White					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Primature birth		How long	—
Immediate	Exhaustion		How long	2 months
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W B Kirk & W
			Address	Barlingtn
Accident or Suicide?	Maryland			



Name
is
Full

Richard J. Williams

CERTIFICATE OF DEATH

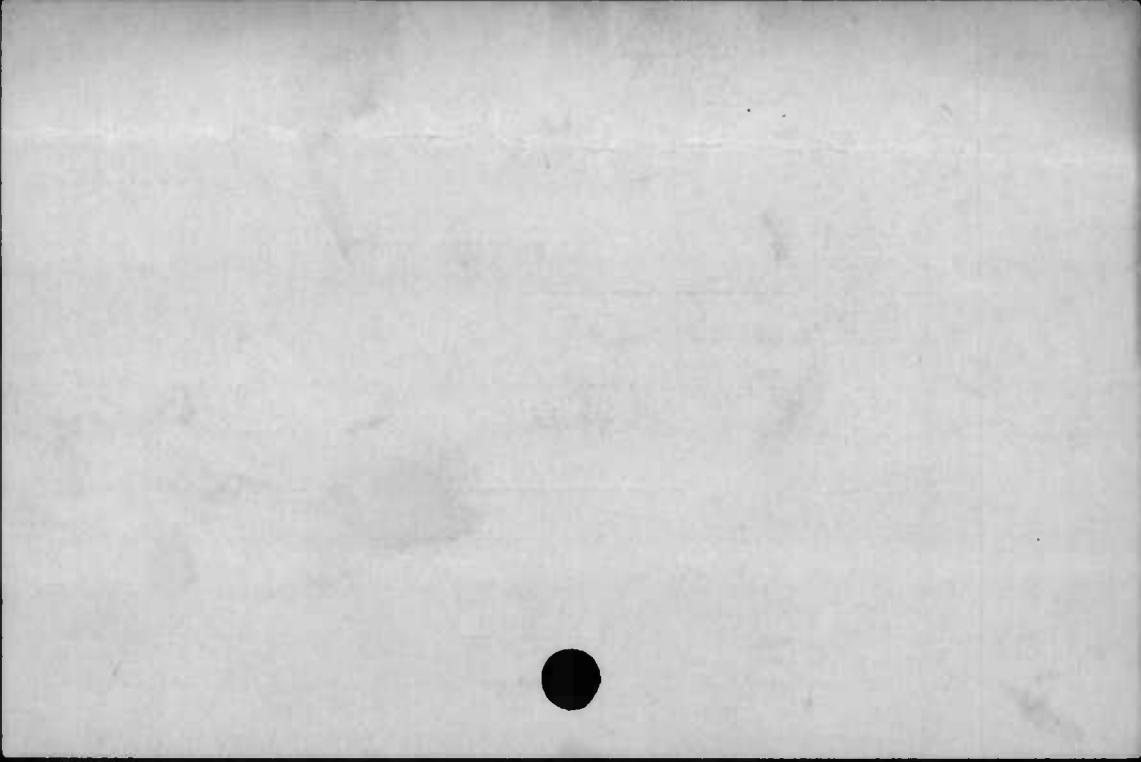
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ludwig</i> ^{Town}		<i>Harford</i> ^{County}		<i>md</i>		MARYLAND	
Date of death	<i>1906</i>	<i>Nov</i>	<i>23</i>	Age	<i>53</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Harford Md.</i>
Occupation	<i>Binary man</i>			Where Residing if not at place of death <i>1 -</i>			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			
Father's Name	<i>James Williams</i>				Father's Birthplace	<i>Wales</i>	
Mother's Maiden Name	<i>Mary Lloyd Jones</i>				Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>James Williams</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>27</i>	<i>and good</i>
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. W. E. Arthur</i>		
		Address <i>Cardiff md</i>		
Accident or Suicide?				



Name
in
Full

Bertie A Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harrods Grove		County Harford		MARYLAND	
Date of death	1906	Month Nov	Day 26	Age 23	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Harford Co.
Occupation	House Wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Walter Wilson			
Father's Name	Lewis H. Crane					Father's Birthplace	-
Mother's Maiden Name	-					Mother's Birthplace	-
Name of person giving In formation	Walter Wilson					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma	How long	Two moos-
Immediate	Progressive Cardiac Asthenia	How long	Short
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. G. Taylor
		Address	Permyville Md.
Accident or Suicide?	No		

